# L11000076724

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17 JUN 26 AM 9: 06

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S. WARREN JUN 2 7 2017

### **COVER LETTER**

TO: Registration Section Division of Corporations	·9
GTT LLC SUBJECT:	
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L11000076724	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
ROBIN MOLT	
Name of Person	_
CORPORATION SERVICE COMPANY	
Name of Firm/Company	_
80 STATE STREET	
Address	_
ALBANY NY 12207	
City/State and Zip Code	=
RMOLT@CSCGLOBAL.COM	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
ROBIN MOLT 518  Name of Person Area Code	,433-7018
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmentiability company or \$25.00 for an administratively dissolve liability company.	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limited

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

ruisuani to the provisioi	is of section 603.0413, Florida Statutes, the t	undersigned.
CORPORATION SERVICE COMPANY		, hereby resigns as
<del></del> -	Name of Registered Agent	
Registered Agent for	GTT LLC	<u></u>
	Name of Limited Liability Company	•
L11000076724		
Document Nu	mber, if known	
-	I and the office discontinued on the 31st day  Signature of Resigning Ag	after the date on which this statement is filed
If signing on behalf of an entity:		FIL. 7 JUN 26
	ROBIN MOLT	<u>26</u>
	Typed or Printed Name ASST SECRETARY	N 26 AM 9:
	Capacity	新 元 元

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314